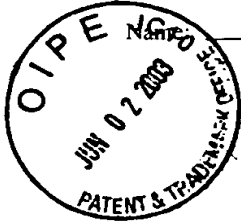


CERTIFICATION OF DEPOSIT AS FIRST CLASS MAIL

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope with sufficient postage affixed addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on May 27, 2003.



Name: Esther Lily C. Esguerra

Signature: *Esguerra*

Patent

Attorney's Docket No. 005950-767

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)

DAHL, et al.)

Application No.: 10/046,486)

Filed: January 16, 2002)

For: POLYMERIZABLE HIGHER)
DIAMONDROID DERIVATIVES)

Group Art Unit: 1711

Examiner: Hampton-Hightower, P.

Confirmation No.: 3564

AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed is a reply for the above-identified patent application.

☐ A Petition for Extension of Time is also enclosed.

☐ A Terminal Disclaimer and the ☐ \$55.00 (2814) ☐ \$110.00 (1814) fee due under 37 C.F.R. § 1.20(d) are also enclosed.

☒ Also enclosed is/are Supplemental Information Disclosure Statement with \$180.00 fee; Acknowledgment Postcard.

☐ Small entity status is hereby claimed.

☐ Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$375.00 (2801) ☐ \$750.00 (1801) fee due under 37 C.F.R. § 1.17(e).

☐ Applicant(s) previously submitted ___, on ___, for which continued examination is requested.

☐ Applicant(s) request suspension of action by the Office until at least ___, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.

☒ No additional claim fee is required.

☐ An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS =		× \$18.00 (1202) =	
Independent Claims		MINUS =		× \$84.00 (1201) =	
If Amendment adds multiple dependent claims, add \$280.00 (1203)					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					

☐ A claim fee in the amount of \$_____ is enclosed.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By: 

William H. Benz
Registration No. 25,952
Attorney for Applicants
Redwood Shores, CA Office
(650)622-2300

P.O. Box 1404
Alexandria, Virginia 22313-1404

Date: May 27, 2003